

## PURCHASER CHANGE

- The contract Purchaser should complete this form to change the Purchaser for the existing contract.
- Complete all sections of this form and include signature or processing will be delayed.

### Current Contract Information

GET Contract Number \_\_\_\_\_

Current Purchaser \_\_\_\_\_

Student \_\_\_\_\_

Name _____	SSN or TIN _____
Name _____	SSN or TIN _____

### Reason for Change Request: *(Please select one)*

- ☐ **Disability of Purchaser**    Enclose a copy of the Power of Attorney or court order determining disability and appointing a representative
- ☐ **Death of Purchaser**    *Enclose a copy of the Purchaser's death certificate*
- ☐ **Court Order**    *Enclose a copy of the court order*
- ☐ **Other** (please specify) \_\_\_\_\_

### New Purchaser Information

Name *(First, Middle, Last, Suffix)* \_\_\_\_\_

SSN or TIN \_\_\_\_\_

Birth Date \_\_\_\_\_

Street Address/Apartment Number \_\_\_\_\_

Post Office Box Number \_\_\_\_\_

City / State / Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_

Telephone Number (s)    Home \_\_\_\_\_    Work \_\_\_\_\_

\_\_\_\_\_  
 New Purchaser's Signature

\_\_\_\_\_  
 Date

### Current Purchaser's Signature – *Not Required for Change of Purchaser—Due to Death*

*I acknowledge that by submitting this form I relinquish all rights and responsibilities of the contract to the new purchaser, and I certify that under the penalty of perjury that all the foregoing information is true and correct.*

\_\_\_\_\_  
 Current Purchaser's Signature    (Notary must witness signature)

\_\_\_\_\_  
 Date

### Notary Section - *Not Required for Change of Purchaser—Due to Death*

State of \_\_\_\_\_

County of \_\_\_\_\_

I certify that I know or have satisfactory evidence that \_\_\_\_\_ is the person who appeared before me, and said person acknowledged that he/she signed this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in the instrument.

Date \_\_\_\_\_

Signature \_\_\_\_\_

*(Seal or Stamp)*

Title \_\_\_\_\_

My appointment expires \_\_\_\_\_